PATENT

ATTORNEY DOCKET NO: COR185-05

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

the specification of which is attached hereto unless the following box is checked

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

METHOD FOR AMORTIZING AUTHENTICATION OVERHEAD

	was filed on		as Application Serial No.				
_	or PCT Application No.		and was amended on				
	(if applicable).	" 					
	hereby state that I have revie the claims, as amended by an			-identified sp	ecification		
	acknowledge the duty to disc n in accordance with 37 CFR		ich is material to the exan	nination of th	iis		
applicatio designated foreign ap	hereby claim foreign priority n(s) for patent or inventor's c d at least one country other the oplication for patent or inventor at of the application on which	ertificate, or §365(a an the United States or's certificate or Po) of any PCT international, listed below and have als	l application so identified	which below any		
PRIOR FOREIGN/PCT APPLICATION(S)							
APPL	ICATION NO. CO	UNTRY	DATE OF FILING	PRIORITY CLAIMED			
				□ YES	NO □		
				□ YES	NO □		
I listed belo	hereby claim the benefit undo	er 35 U.S.C. §119(e) of any United States pro	ovisional appl	lication(s)		
Provisional Application Number				DATE OF FILING			
60/230,319					September 6, 2000		
					September 6, 2000		





I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120

Status (check one)

Application Serial No.	Date of Filing	Patented	Pending	Abandoned
And I hereby appoint Robe No. 39,549; Eric A. Dichter, Regis attorneys or agents with full power o business in the Patent and Trademar	f substitution and revocation, to j	D. Rudoler,	Registration	No. 45,059, my
Address all correspondence Philadelphia, Pennsylvania 19103-2 (telefax: (215) 405-2521).	to Wolf, Block, Schorr & Solis- 097. Address all telephone calls			
I hereby declare that all statemade on information and belief are knowledge that willful false stateme under Section 1001 of Title 18 of the validity of the application or any	nts and the like so made are pur e United States Code, and that su	that these sta	atements wer ne or impris	re made with the onment, or both,
FULL NAME OF SOLE OR FIRS	T INVENTOR			
BABAK			REZVA	NI
(GIVEN NAME) Inventor's signature:	(MIDDLE INITIAL OR NAME)	(A	FAMILY OR LA	ST NAME)
Date:	Oct 6th 2000		***************************************	
Country of Citizenship:	United States of America			
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	(City)	(State or Foreign	n Country)
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FULL NAME OF SECOND JOINT INVENTOR, IF ANY **JACK CHEN** (MIDDLE INITIAL OR NAME) (GIVEN NAME) (FAMILY OR LAST NAME) **Inventor's signature:** Date: Country of Citizenship: United States of America Residence: **Astoria** NY (City) (State or Foreign Country) Post Office Address: 27-12 Crescent Street Astoria, NY 11102 FULL NAME OF THIRD JOINT INVENTOR, IF ANY (GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME) **Inventor's signature:** Date: **Country of Citizenship:** Residence: (City) (State or Foreign Country) Post Office Address: FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (MIDDLE INITIAL OR NAME) (GIVEN NAME) (FAMILY OR LAST NAME) **Inventor's signature:** Date: Country of Citizenship: Residence: (City) (State or Foreign Country)

Post Office Address: